SENATE BILL No. 393

DIGEST OF INTRODUCED BILL

Citations Affected: IC 21-44.

Synopsis: Attracting primary care physicians for shortage areas. Changes the mandate of the medical education board from attracting and retaining family practice physicians to attracting and retaining primary care physicians. Defines "primary care" to include family practice, obstetrics and gynecology, pediatrics, and internal medicine. Requires the board to develop a plan to attract primary care physicians for areas in Indiana that do not have a sufficient number of primary care physicians. Changes the name of the "family practice residency fund" to the "primary care practice residency fund". Makes conforming changes. (The introduced version of this bill was prepared by the health finance advisory committee)

Effective: July 1, 2009.

Simpson

January 8, 2009, read first time and referred to Committee on Health and Provider Services.





First Regular Session 116th General Assembly (2009)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2008 Regular Session of the General Assembly.

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SENATE BILL No. 393

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A BILL FOR AN ACT to amend the Indiana Code concerning higher education.

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Be it enacted by the General Assembly of the State of Indiana:

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1	SECTION 1. IC 21-44-1-8, AS ADDED BY P.L.2-2007, SECTION
2	285, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY
3	1, 2009]: Sec. 8. "Fund" refers to the family primary care practice
4	residency fund established by IC 21-44-5-18.
5	SECTION 2. IC 21-44-1-14 IS ADDED TO THE INDIANA CODE

SECTION 2. IC 21-44-1-14 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 14. For purposes of IC 21-44-5, "primary care physician" means a physician who practices in any of the following areas:

- (1) Family practice.
- (2) Pediatrics.
- (3) Obstetrics and gynecology.
- (4) Internal medicine.
 - SECTION 3. IC 21-44-1-15 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 15. For purposes of IC 21-44-5, "shortage area" means a geographic area that does not have a sufficient number of



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1	primary care physicians to meet the medical needs of the residents	
2	of the area.	
3	SECTION 4. IC 21-44-5-7, AS ADDED BY P.L.2-2007, SECTION	
4	285, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY	
5	1, 2009]: Sec. 7. To retain and attract more primary care physicians	
6	by for shortage areas in the state, the Indiana University School of	
7	Medicine shall establish a plan for statewide medical education.	
8	SECTION 5. IC 21-44-5-8, AS ADDED BY P.L.2-2007, SECTION	
9	285, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY	
10	1, 2009]: Sec. 8. The general assembly recommends that the plan do	
11	the following:	
12	(1) Provide supplemental income for interns and residents based	
13	on the policies recommended by the board.	
14	(2) Include a statewide communications network for television,	
15	audio, and computer library service.	
16	(3) Provide for the Indiana University School of Medicine to	
17	establish working relationships or community clinical teaching	
18	and training programs with the cooperation of the medical	
19	profession, hospitals, and clinics.	
20	(4) Develop alternatives for providing incentives, including	
21	student loan forgiveness and other monetary incentives, to	
22	retain primary care physicians practicing in Indiana and	
23	attract additional primary care physicians to Indiana.	
24	SECTION 6. IC 21-44-5-9, AS ADDED BY P.L.2-2007, SECTION	
25	285, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY	
26	1, 2009]: Sec. 9. For interns and residents in family practice, the	
27	board shall choose the sites for its community clinical teaching and	
28	training programs. The board shall consider site candidates in:	
29	(1) Indianapolis;	
30	(2) Lafayette;	
31	(3) cities of Lake County;	
32	(4) Michigan City;	
33	(5) South Bend;	
34	(6) Fort Wayne;	
35	(7) Bluffton;	
36	(8) Marion;	
37	(9) Muncie;	
38	(10) Kokomo;	
39	(11) Richmond;	
40	(12) Terre Haute;	
41	(13) Vincennes;	
42	(14) Evansville;	



(15) Jeffersonville; and

(16) other areas;

when adequate preparation and funds allow a program.

SECTION 7. IC 21-44-5-15, AS ADDED BY P.L.2-2007, SECTION 285, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 15. The intent of this chapter is to establish intern, residency, and graduate programs to assist in annually preparing, educating, and retaining more than one hundred (100) physicians for family practice primary care in Indiana. Family practice Primary care programs are necessary to teach the latest scientific care of common diseases to provide health care for the maximum number of citizens in Indiana.

SECTION 8. IC 21-44-5-16, AS ADDED BY P.L.2-2007, SECTION 285, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 16. In addition to the intern, residency, and graduate programs established under this chapter, the board shall provide financial support for the development, enlargement, and continuation of graduate training programs in family practice primary care for physicians that prepare the physicians for the specialty of family primary care practice.

SECTION 9. IC 21-44-5-17, AS ADDED BY P.L.2-2007, SECTION 285, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 17. Funding for family primary care practice residency programs must be used to provide supplemental support to eligible hospitals on behalf of the education of family medicine primary care residents in accordance with the policies recommended by the board.

SECTION 10. IC 21-44-5-18, AS ADDED BY P.L.2-2007, SECTION 285, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 18. Appropriations to the board from the general fund for the board's use in developing, enlarging, and continuing graduate training programs in family primary care practice must be placed in a separate fund to be called the "family "primary care practice residency fund". Amounts in this fund do not revert to the general fund at the close of any fiscal year.









